

Employee Setup Information

Company Name: _____ Company ID: _____

Type of Maintenance: ☐ New Hire ☐ Re-Hire ☐ EE Information Change

*Indicates required field

Employee Information

Social Security Number*: _____ EE Code: _____ (If nothing specified, system will auto assign)

Last Name*: _____ First Name*: _____ Middle Initial: _____

Address 1*: _____ Address 2: _____

City*: _____ State*: _____ Zip*: _____ Work State: _____

Phone #: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ N/A

E-mail Address*: _____ Date of Birth*: _____

Ethnicity (if required by employer): _____

Hire Date*: _____ Termination Date: _____

Position Status*: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ 1099

Pay Frequency*: ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Other

Pay Info: ☐ Hourly ☐ Salary Exempt ☐ Salary Non-Exempt ☐ Commission Only

Pay Rate*: \$ _____ ☐ Per Hour ☐ Salary Per Pay Period

Additional Rate #1: \$ _____ Additional Rate #2: \$ _____

Division: _____ Branch: _____ Department: _____ Team: _____

Work Comp Code: _____ (if applicable)

Tax Withholding Status

Tax Filing: ☐ W-2 Employee ☐ 1099 Contractor

Federal W4 Marital Status*: ☐ Single/Married Filing Separately ☐ Married filing jointly ☐ Head of Household

Is Step 2(c) checkbox checked?: ☐ No ☐ Yes

Dependent Credits (Step 3): \$ _____ Other Income (4a): \$ _____ Deductions (4b): \$ _____

Extra Withholding per pay period: _____ ☐ Amount ☐ Percentage

State Withholding State: _____ SDI State: _____ SUI State: _____

State Marital Status*: ☐ Single ☐ Married ☐ Other _____

Number of Dependents: _____ (if applicable)

Extra Withholding per pay period: _____ ☐ Amount ☐ Percentage

SOC: The following states **require** the use of the 6 digit Standard Occupational Classification (SOC) code.

- Alaska
 - Louisiana
- South Carolina
 - Washington
- West Virginia

U.S. Bureau of Labor Statistics website: [List of SOC Occupations \(bls.gov\)](#)

If this employee is working in one of the above states, please provide the SOC code: _____

Local Taxes (if applicable): _____

Employee Portal Manager Approver(s)

If this employee will be managing their employee demographic updates, direct deposit accounts and/or time off requests in the Employee Portal, note the individual that will be approving these requests. Primary Approver is needed but a Secondary Approver is only needed if you wish to have a backup approver.

	Primary Approver	Secondary Approver
EE Demographics and Direct Deposit	_____	_____
Time Off Requests	_____	_____

Scheduled Earnings/Deductions

The following per pay period earnings/deductions will be effective immediately. These are in addition to standard tax deductions.

E/D Code	E/D Description	\$ Amount	Percentage	Select One
				<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
				<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
				<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
				<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
				<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax

Time Off Accrual

If Asure is tracking your time off accrual plan(s) in Asure Payroll/Asure HR, list the plan(s) the employee should have added to their employee record.

Plan Description	Beginning Balance

Authorized Signature: _____ **Date:** _____